

REPORT OF NEW EMPLOYEE(S)

See detailed instructions on page 2. Please type or print.
NOTE: Report new employees within 20 days of start of work.



00340600



DATE M M D D Y Y	CA EMPLOYER ACCOUNT NO. L	BRANCH CODE L	FEDERAL ID NO. L	NO. OF FORMS NEEDED L
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BUSINESS NAME	CONTACT PERSON	TELEPHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

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SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE M M D D Y Y
CITY L	STATE L	ZIP L	

INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S),

WHO MUST BE REPORTED:

Federal law requires all employers to report to EDD within 20 days of start of work all employees who are newly hired or rehired. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a W-4 form to the employer.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- California Employer Account Number
on each form completed
- Branch Code - Complete only if employer was assigned a Branch Code number
- Federal Employer Identification Number
- Business name and address

Employee's

- First name, middle initial, and last name
- Social security number
- Home Address
- Start of work date (hire date)

HOW TO COMPLETE THIS FORM:

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes

EMPLOYEE FIRST NAME I M O G E N E	MI A	EMPLOYEE LAST NAME S A M P L E	
SOCIAL SECURITY NO. 1 2 3 4 5 6 7 8 9	STREET NO. 1 2 3 4	STREET NAME A N Y S T R E E T	UNIT/APT 3 1 2

If you **must hand print this form**, write each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME I M O G E N E	MI A	EMPLOYEE LAST NAME S A M P L E	
SOCIAL SECURITY NO. 1 2 3 4 5 6 7 8 9	STREET NO. 1 2 2 3	STREET NAME A N Y S T R E E T	UNIT/APT 3 1 2

ADDITIONAL INFORMATION:

To obtain information for submitting Reports of New Employee(s) on magnetic media, call (916) 654-6845.

If you have any questions concerning this reporting requirement, please contact your local Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory in the State Government section under "Employment Development Department".

TO OBTAIN ADDITIONAL DE 34s:

- Enter number of forms needed in spaces provided next to Federal ID Number (**on the first page only**);
- Visit EDD's Home Page at www.edd.ca.gov
- Contact your local ETCSO or for 25 or more forms Telephone (916) 322-2835.

An inquiry line (916) 657-0529 has been established to provide information about this reporting requirement. A customer service representative will be available to assist you during normal business hours.

HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or FAX to (916) 255-0951.

**EMPLOYMENT DEVELOPMENT DEPARTMENT
P. O. Box 997016, MIC 23
West Sacramento, CA 95799-7016**